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TREASURE STATE HEALTH

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"Teaming Up For Better Health"

November 7-13 marks the third annual "Community Health Week" initiated by the American Medical Association and the theme selected for the 1965 observance is "Teaming Up for Better Health." The A.M.A. has urged public health agencies and other organized health groups to join in observing "Community Health Week".

The observance of "Community Health Week" is of special significance not only to practicing physicians in Montana but to public health physicians and their staffs as well. The "community" is the public health worker's "patient", and it is in and with the community the public health physicians carry on their activities, John S. Anderson, M.D., M.P.H., executive officer of the State Board of Health states.

Albert E. Heustis, M.D., Michigan State Health Officer, in writing about his public health role says, "It is not the individual patient, but rather parades of patients with whom the public health physician is concerned; not with circulatory systems, but with social systems, not a prescription for a stomachache, but a fight to protect drinking water from germs which can spread sickness throughout an entire neighborhood."

So to make "community health" a reality it takes physicians with both viewpoints: that of the practicing physician and the public health physician and his staff all working together as team members. In a recent count there were more than 100 practicing physicians in Montana serving in some capacity in the programs of the Montana State Board of Health. Some of them are on public health boards, some on public health advisory committees, some on joint committees between medical societies and public health department staffs. Others are providing part-time specialized services in joint efforts to promote "community health."

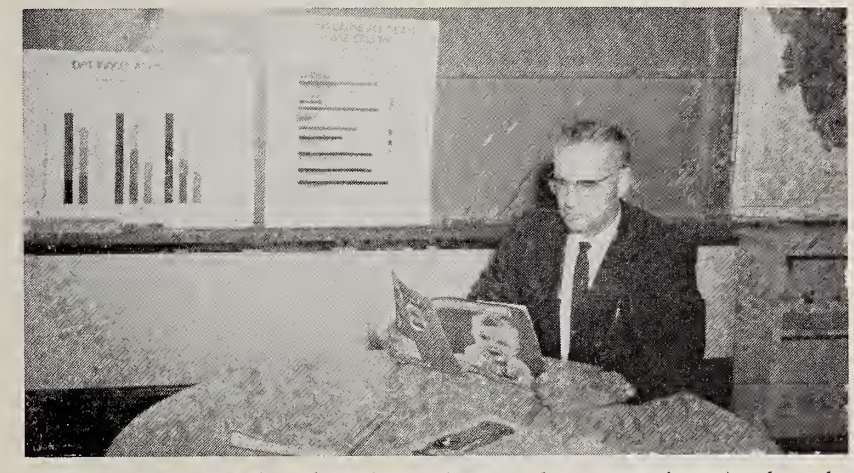
In addition, the theme "Teaming Up for Better Health" means the cooperation of many groups. The public health dental program would not exist if it were not for the cooperation and participation in providing services by the State's practicing dentists. School health programs are dependent upon school administrators and teachers participating in a cooperative effort with public health staffs. Added to these are nurses, microbiologists, engineers, sanitarians, hospital staffs health educators, city and county and State government officials, legislators, voluntary health agency staff, civic groups and organizations as well as citizen leaders, parents, clergymen, welfare workers, management and labor, all of whom have a contribution to make in protecting and improving Montana's health.

"Teaming Up for Better Health" could well be an on-going theme as well as for a week in November 1965.

The Image of Public Health

No. 4

By Henry Jorgensen*, Helena



Safeguarding the health of the residents of the City of Helena and its surrounding suburbs is a function that rests largely within the three points of a triangle. At one point has been the State Board of Health exercising supervisory powers, providing consultation services, and assisting the local health department to solve local health problems. At the other point of the triangle is the City-County health department which keeps a watchful eye over environmental health conditions and provides public health services to the community. At the other point of the triangle is the Helena Health Council providing local laymen's leadership and support for programs aimed at raising health standards.

The Health Council, consisting of representatives from many civic organizations, has recognized three general areas for action. One is to improve environmental health conditions. The second is to obtain increased public health services. The third is to bring health information to the public through an active educational program.

A recent Lewis and Clark survey made by the United States Public Health Service focused attention on a number of conditions and problems which provided guidance for the Council in its activities. The City-County health officer had been

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*Mr. Jorgensen has had a long-time interest in community health. He is the immediate past-president of the Helena Health Council and is the principal of the Central and May Butler Public Schools in Helena. During the past summer he was the supervisor of the Helena "Head Start Program."

He received his B.A. and M.A. degrees at the University of Montana in Missoula, with a major in Education. His master's thesis was written in the field of public health, specifically directed to full-time district health departments. This thesis contained a blueprint for a District Health Department in Northeastern Montana.

A native of Montana, he has been a teacher and Superintendent of Schools at Medicine Lake and has been in the Helena Schools for the past ten years.

PROFESSIONAL HEALTH ASPECTS OF "MEDICARE" ADMINISTRATION

The Montana State Board of Health has been named by Governor Tim Babcock as the State agency responsible for providing professional health guidance in the administration of the "Hospital and Supplemental Medical Insurance Benefits." These benefits for the citizens 65 years of age and over were brought about by the Social Security Amendments enacted by the Congress in 1965.

The functions of the State Board of Health in this program are administrative and are to be carried out through (1) the **certification** of providers of care, (2) **consultation** to them and (3) the **coordination** of this program with other ongoing health services within the State.

Within the law, a "provider" means a hospital, in-patient and out-patient departments; an extended care facility—a nursing home; or home health agency. A "home health agency" is a public or private organization providing skilled nursing and other therapeutic services in the home, such as a visiting nurse association or a local health department providing nursing care in the home.

Certification Responsibilities

The certification is the core function designed to determine that the "providers" meet the standards necessary for their participation and if so, to certify them. The standards are for the purpose of protecting the health and safety of the patients.

As yet the standards have not been developed, but for the present a hospital may be certified if it is accredited and if it prepares a written statement which outlines its plan for a "utilization review." The purpose of the "utilization review" is to insure that there is a medical necessity for the services rendered, to promote the most efficient use of available health resources, and to improve the quality of patient-care.

During the tooling-up period, an evaluation of the utilization review plan can be made after the program has been in operation for a period of time. But in the future the plan will need to be evaluated before the facility is evaluated.

It is suggested that a **utilization review committee be organized as a medical staff activity** of the hospital or the extended care facility, or if this is not possible it could be established by a local medical society involving all or some of the hospitals and facilities in the community. If neither of these methods is possible some other plan will have to be devised. The committee must be composed of two or more physicians with or without the participation of other professional personnel such as nurses, or medical social workers.

Extended care facilities must have an agreement with a participating hospital that provides for timely inter-institutional transfer of patient's medical and social information. An extended care facility may have such an agreement with one or more hospitals.

If the facility does not qualify to serve as a provider it is the responsibility of the State Board of Health to help the provider qualify.

Fiscal intermediaries are to be included in the utilization review. They would be primarily concerned with fiscal aspects of the use of services, and with statistical methods of identifying unnecessary utilization practices. But the fiscal intermediaries are not expected to provide consultation nor to evaluate the important purposes of utilization: medical, social and other professional health aspects relating to effective patient-care managment, or the quality of services or the most appropriate location for providing needed services.

The State Board of Health is to provide consultation in the establishment of effective review plans and for the evaluation of the effectiveness of the procedures when requested to do so.

The **certification process** involves: (1) Identifying potential providers, and maintaining a master listing with related information on all providers in the State, both participating and non-participating.

(2) Communicating with potential providers explaining the procedures for certification and arranging surveys where necessary.

(3) Surveying each provider to determine, in a manner similar to licensure inspections that each institution or agency meets required standards. A survey may not need to be conducted if information from the recent licensure inspections is complete enough for the agency to grant or deny certification. Re-surveys to determine that the providers continue to meet standards will be needed at least annually. Certification will not be denied to a provider who wants to participate until every effort has been made to assist him to qualify.

(4) Evaluating the survey reports together with other sources of information is to be done at the State level. This is so that a complete picture of the provider's qualifications can be judged in light of the need to have services available throughout the State.

(5) The State Board of Health makes its recommendations to the Secretary of the Social Security Administration. These recommendations must be accompanied with information in support of certification or against certification.

(6) Follow-up activities are to be carried out which relate to furnishing additional consultation to the providers, obtaining necessary information on non-participating providers and being involved in the appeals and hearing process should a provider who was not certified appeal the decision.

Consultation Responsibilities

In addition to providing consultation to assist a provider qualify for certification, consultation is to be given by the State Board of Health in improving the availability of providers, and by improving the effectiveness of the participating providers.

Coordination of Activities

The State Board of Health is to coordinate the health insurance functions of this act, with other health activities in the State. In general its coordinating function is to bridge the gap between its functions in (a) the health insurance program and (b) the other health programs in the State.

It is intended through this means that the Health Insurance Program through its State Social Security Representative, become a partner in the general health planning already underway in the States; by sharing in support of existing planning and coordination efforts with other public and private programs; and by cooperating and stimulating such other efforts as are needed.

It is generally accepted that planning in relation to the Health Insurance Program cannot and should not be separated from the planning related to the availability, provision, organization and financing of quality health services of the population generally.

Social Security Responsibilities

The determination of the eligibility of the recipient and the fiscal procedures of the Health Insurance Program are the responsibility of the Social Security Agency and not the State Board of Health. The insurance coverage available to the recipients 65 years of age and over are (1) basic coverage and (2) supplemental coverage. The basic coverage does not include physician care, but the individual may subscribe voluntarily for supplemental coverage which does include physician care.

Information on these aspects of the program is now available from the Social Security Administration Officer, a department of HEW, 616 Helena Ave., in Helena.

Continuing Education Seminars Provided For Montana Public Health Association Members

The Montana Public Health Association, through its affiliation with the American Public Health Association (A.P.H.A.) and its Western Branch Regional office in San Francisco, participates in sponsoring a continuing education program for its members. The Montana State Board of Health also serves as one of the sponsors.

This program is provided by the A.P.H.A. through its Western Regional office and the two schools of public health in the West—the University of California at Berkeley and at Los Angeles. Funds are provided through grants made to the schools of public health to bring top quality instructors to Montana. Of the nine schools of public health in the nation, these two are the only ones that provide this service.

The purpose of the continuing education program is to bring university level courses to professional health personnel in the field in the Western Region. These courses provide in-service training to health personnel, Mrs. Fern Symes, Great Falls, M.P.H.A. president, stated.

The program was developed as a result of the expressed request of public health leaders in the West, the spokesmen being the State Health Directors. It is developed in the context of maximal responsiveness to the **current** public health needs as voiced by the Continuing Education Committees from their respective State Public Health Associations.

Benefits to Montana

If there are enough persons in Montana interested in a proposed course, consideration is given to holding the course in Montana. If fewer than the minimum number are interested, M.P.H.A. members may attend the courses in neighboring States.

The courses which have been held in Montana beginning with the first one held in November, 1962 are as follows: **Building Relationships**—two sessions; November, 1962 and June, 1963; **Public Health Administration,** First session, January, 1964; **Mental Disorders of Concern to Public Health Personnel**—March, 1965 and June. 1965. Presently plans are underway to sponsor a Seminar on **Mental Retardation** in February. Donald Thiele, M.D., University of California, School of Public Health, Berkeley, will be the course coordinator.

The M.P.H.A. Continuing Education Committee planning the Mental Retardation Seminar are: Elizabeth Havnen, Great Falls; Mrs. Maxine Homer, Mrs. Virginia Kenyon, Vern Sloulin, Mary E. Soules, M.D., M.P.H., Mrs. K. Elizabeth Burrell, all of Helena; David Lackman, Ph. D., Hamilton. Mrs. Burrell is chairman of the Committee. Serving as consultants to the Committee are John S. Anderson, M.D., M.P.H., Helena and Stephen Chiovaro, Boulder.

Courses held in other States which M.P.H.A. members have attended are **Stroke,** held in Wyoming in September, 1961; **Public Health Administration;** sessions 2, 3, and 4 were attended in Idaho, Utah and Oregon.

As this program has continued, each State has been asked the number of courses it can profitably sponsor each year within the State, and Montana's response is two. Attendance at courses presented in neighboring States is permissible when permission has been secured from the Western Branch office and the State sponsoring the course.

212 persons have participated in the Continuing Education Seminars to date.

Seymour Kolko, M. D., Clinical Professor of Psychiatry, Stanford School of Medicine, served as an instructor at both sessions of the Mental Health Seminars held in Helena.

THE IMAGE OF PUBLIC HEALTH

(Continued from page 1)

employed on a part-time basis to cope with full-time problems. Through the cooperation of the State Board of Health and the governmental agencies involved, this office was placed on a full-time basis. Statistics on chronic diseases revealed by the survey indicated an urgent need for Out-of-Hospital Nursing services. In order to clear up certain legal problems regarding such services, the Council was instrumental in securing enactment of necessary legislation by the 1965 legislature.

The Health Council has for several years been spearheading efforts to have the present city dump replaced by a sanitary landfill. Through its efforts and with cooperation from the State Board of Health a United States Public Health engineer inspected the dump and several proposed sites for a sanitary landfill and made recommendations. As a result of these efforts, other civic groups and the press are adding their support.

An intensive campaign to improve garbage storage and general beautification of the City of Helena was sponsored jointly by the Health Council and the City-County Health office.

The Health Council in recent years has conducted an extensive educational campaign through its meetings, its 'Briefs' reporting meetings to member organizations, the press, through television programs made possible by time donated as a public service by the local TV station. Among topics discussed on these programs were environmental sanitation, dental health, implications of strep throat, school health services, Out-of-Hospital Nursing Care, garbage storage, and the organization and services of the local public health department.

"Booster" As Well As "Initial" Immunizations Needed for Protection Against Diphtheria

Diphtheria is more than a challenging word on the fifth grade spelling test. This serious disease of children varies from mild chronic cases to cases showing paralysis and death. Case fatality rates for the disease have changed little over the last 50 years, even with the use of antibiotics and other drugs.

Diphtheria is caused by a bacterium. The causative organism and its toxin were identified in the 1880's. Early studies of this disease have provided much of the basic knowledge of immunological principles that we know today.

The organism is dependent on man for its existence. It is destroyed readily by light, heat, and disinfectants. The organisim can resist drying, remaining viable for months at a time in dust and soiled material.

The disease is spread from infected person to well person by discharges from the mucous membranes of the nose and throat. This is by direct contact with articles soiled with the discharges from patients or carriers. Raw milk has served as a vehicle for transmission of the disease in some outbreaks of the disease.

Infants born to immune mothers have passive immunity that usually disappear before the sixth month of life. A person having a clinical case usually has a persisting immunity and many people exhibit immunity from unrecognized infections. Both passive and active immunity can be induced artificially.

Active immunization against diphtheria with injections of the toxid should begin early in the child's life, preferably from six weeks to two months of age. The diphtheria toxoid is usually combined with tetanus toxoid and pertussis toxin in the familiar triple antigen—diphtheria-tetanus-pertussis (DTP) immunization. A series of three injections is usually followed by a booster at one year of age and again about four years later. After school age, the pertussin antigen is dropped, and the boosters of diphtheria-tetanus toxoids are the usual immunizing material. Boosters should be given routinely at about 4-year intervals after the individual starts to school.

Short-lived passive immunity can be induced by injections of diphtheria antitoxin. This immunity wears off in a short period of time, and is usually given only to unimmunized children who are contacts of an infected case. There is a danger of serum sensitivity in using the antitoxin, and its administration is carefully watched by the physician for reactions.

As with most communicable diseases, early diagnosis and treatment are the key to controlling the actual case. Symptoms include a sore throat, lesions on the tonsils and other mucous membranes, and often times a "runny" nose. Diagnosis of the disease is confirmed by bacteriologic examination of material from the throat or other infected mucous membranes. Treatment of the case includes use of both antitoxin and antibiotics.

OPERATORS OF REFUSE DISPOSAL AREAS MUST OBTAIN A LICENSE

The State Board of Health at its September meeting adopted regulations governing the control and licensing of refuse disposal areas. These regulations outline the procedure for implementing the law which was passed at the last session of the legislature requiring the licensing of operators of refuse disposal areas.

The regulations were developed after consultation with sanitarians, city and town clerks and Boards of County Commissioners. The licenses are to be obtained from the local, county, or district board of health having jurisdiction in the respective areas.

Requirements for Licensure

Before such license is granted the site must be inspected and the method of the proposed operation must be reviewed by the State Board of Health. Approval will be granted after there is assurance that the refuse disposal area will be operated and maintained so as to prevent its becoming a nuisance or public health hazard.

Among the approved methods of refuse disposal are sanitary landfill, incineration, composing or a combination of any of the methods. Open type dumps are to be prohibited. Existing open dumps shall be abandoned and covered within a period of time determined by the State Board of Health.

For the dump to be licensed, the area must be of sufficient size and the land must be suitable for the purpose; access roads and bridges must be capable of supporting loaded trucks, and it must be so located that it will not cause the pollution or contamination of any of the waters of the State.

The regulations relating to the operation and maintenance state that:

—burning of refuse at a disposal is prohibited unless an exemption in writing is granted by the State Board of Health.

—dumping the refuse shall be confined to an area that can be effectively maintained and operated.

—the area shall be controlled by supervision and fencing.

—the refuse at a landfill disposal area shall be compacted and covered daily.

—effective means shall be taken to control flies. rodents and other insects or vermin.

—fencing or other suitable means shall be used to confine papers or other refuse.

—if the operator allows the salvaging of refuse at the refuse disposal area, it must be conducted in such a manner as not to create a nuisance affecting public health.

—municipal incinerators shall be operated and maintained so as not to create a nuisance or hazard to public health.

It has been shown that the application of the basic principles of sanitation result in a substantial reduction in the fly, other insect and rodent population. Furthermore, it is known that there is a significant relationship between the incidence of certain diseases in both humans and animals and improper refuse disposal. Also it is well known that many hazards and nuisances such as fire, smoke, odors, and unsightliness result from improper refuse practices.

It is expected that with the adoption of the measures contained in the regulations, sanitation in the State's communities will improve.

Coming Events . . . .

Nov. 6—Advisory Council to State Dept. of Public Instruction and State Board of Health, Helena.

Nov. 6-11—American Dental Association Meeting, Las Vegas.

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